

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <b>Lisa A. Biron</b>	COURT CASE NUMBER <b>4:15-CV-205-0</b>
DEFENDANT <b>FNU Wenger, SIS Officer</b>	TYPE OF PROCESS <b>Civil</b>

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**Ms. Wenger, Federal Medical Center, Carswell**  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**J Street, Bldg. 3000, Fort Worth, Texas 76127**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  <input type="checkbox"/> <b>Lisa A. Biron</b> <b>Reg. # 12775-049</b> <b>Federal Correctional Institution</b> <b>P.O. Box 1731</b> <input type="checkbox"/> <b>Waseca, MN 56093</b>	Number of process to be served with this Form 285	<b>1</b>
	Number of parties to be served in this case	<b>5</b>
	Check for service on U.S.A.	<b>N</b>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or Originator requesting service on behalf of: <i>Lisa Biron</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>(507) 835-8972</b>	DATE <b>11/5/2018</b>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below).

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	
Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the  
Northern District of Texas  
Fort Worth Division

Lisa A. Biron

Plaintiff

v.

FNU Wenger, Special Investigative  
Services Officer

Defendant

Civil Action No. 4:15-CV-205-0

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Ms. Wenger  
Federal Medical Center Carswell  
J Street, Bldg. 3000  
Fort Worth, Texas 76127

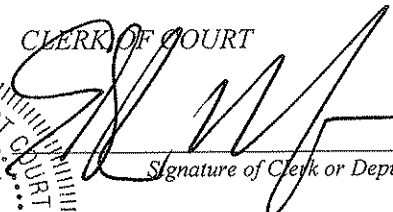
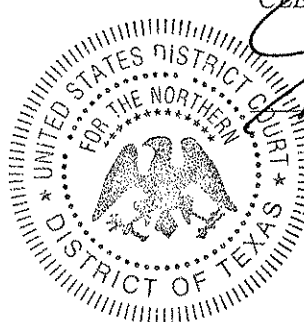
A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Lisa A. Biron  
Reg. # 12775-049  
Federal Correctional Institution  
P.O. Box 1731  
Waseca, MN 56093

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 11/9/18

CLERK OF COURT  
  
Signature of Clerk or Deputy Clerk  


U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

**Lisa A. Biron**

COURT CASE NUMBER

**4:15-CV-205-0**

DEFENDANT

**FNU Kingsley, SIS Officer**

TYPE OF PROCESS

**Civil**

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**Ms. Kingsley, Federal Medical Center, Carswell**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**J Street, Bldg. 3000, Fort Worth, Texas 76127**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**Lisa A. Biron**

**Reg. # 12775-049**

**Federal Correctional Institution**

**P.O. Box 1731**

**Waseca, MN 56093**

Number of process to be served with this Form 285

**1**

Number of parties to be served in this case

**5**

Check for service on U.S.A.

**N**

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

*Lisa Biron*

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

**(507) 835-8972**

DATE

**11/5/2018**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. \_\_\_\_\_

District to Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or (Amount of Refund\*)

REMARKS:

### PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Northern District of Texas  
Fort Worth Division

Lisa A. Biron

Plaintiff

v.

FNU Kingsley, Special Investigative  
Services Officer

Defendant

Civil Action No. **4:15-CV-205-0**

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Ms. Kingsley  
Federal Medical Center Carswell  
J Street, Bldg. 3000  
Fort Worth, Texas 76127

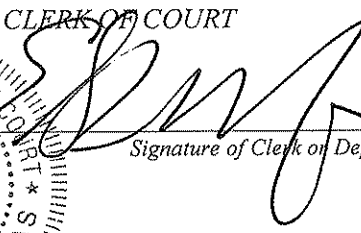
A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Lisa A. Biron  
Reg. # 12775-049  
Federal Correctional Institution  
P.O. Box 1731  
Waseca, MN 56093

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 11/9/18

CLERK OF COURT  
  
Signature of Clerk or Deputy Clerk  


U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <b>Lisa A. Biron</b>	COURT CASE NUMBER <b>4:15-CV-205-0</b>
DEFENDANT <b>Lauren Cimperman, Psy. D. (Lauren Carter)</b>	TYPE OF PROCESS <b>Civil</b>

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Dr. Lauren Cimperman Carter</b>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>7 Waterwood Ct., Mansfield, Texas 76063</b>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  <b>Lisa A. Biron Reg. # 12775-049 Federal Correctional Institution P.O. Box 1731 Waseca, MN 56093</b>	Number of process to be served with this Form 285 <b>1</b>
	Number of parties to be served in this case <b>5</b>
	Check for service on U.S.A. <b>N</b>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Upon information and belief, Dr. Cimperman was married in July 2016 and is now Lauren Carter. This address appears to be current as of June 2018.

Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>Lisa Biron</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>(507) 835-8972</b>	DATE <b>11/5/2018</b>
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy _____	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

### PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED



AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT  
for the  
Northern District of Texas  
Fort Worth Division

Lisa A. Biron

*Plaintiff*

v.

Lauren Cimperman, Psy. D.

*Defendant*

Civil Action No. 4:15-CV-205-0

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

**Lauren Cimperman Carter (Carter is her married name)**  
**7 Waterwood Ct.**  
**Mansfield, Texas 76063**

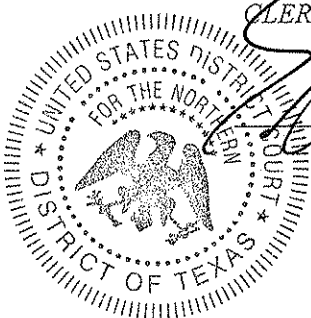
A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**Lisa A. Biron**  
**Reg. # 12775-049**  
**Federal Correctional Institution**  
**P.O. Box 1731**  
**Waseca, MN 56093**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 11/9/18

CLERK OF COURT  
  
Signature of Clerk or Deputy Clerk

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <b>Lisa A. Biron</b>	COURT CASE NUMBER <b>4:15-CV-205-0</b>
DEFENDANT <b>E. Smith-Branton, Unit Disciplinary Committee Member</b>	TYPE OF PROCESS <b>Civil</b>

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Ms. E. Smith-Branton, Federal Medical Center, Carswell</b>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>J Street, Bldg. 3000, Fort Worth, Texas 76127</b>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  <b>Lisa A. Biron Reg. #12775-049 Federal Correctional Institution P.O. Box 1731 Waseca, MN 56093</b>	Number of process to be served with this Form 285 <b>1</b>
	Number of parties to be served in this case <b>5</b>
	Check for service on U.S.A. <b>N</b>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>Lisa Biron</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>(507) 835-8972</b>	DATE <b>11/5/2018</b>
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Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy _____	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

**PRINT 5 COPIES:**

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3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the  
Northern District of Texas  
Fort Worth Division

Lisa A. Biron

*Plaintiff*

v.

E. Smith-Branton, Unit Disciplinary  
Committee Member

*Defendant*

Civil Action No. **4:15-CV-205-O**

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

Ms. E. Smith-Branton  
Federal Medical Center Carswell  
J Street, Bldg. 3000  
Fort Worth, Texas 76127

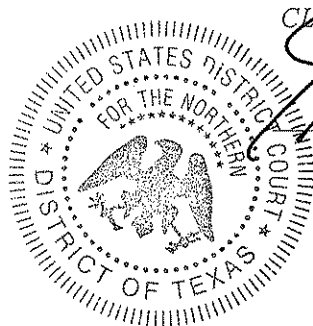
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Lisa A. Biron  
Reg. # 12775-049  
Federal Correctional Institution  
P.O. Box 1731  
Waseca, MN 56093

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 11/9/18



CLERK OF COURT

*Signature of Clerk or Deputy Clerk*